

Professor PN Hawkins PhD FRCP FRCPath FMedSci Tel: 020 7433 2815 (PA 2816) Email: p.hawkins@ucl.ac.uk

Dr JD Gillmore MD PhD FRCP

Tel: 020 7433 2726 Email: j.gillmore@ucl.ac.uk

Dr HJ Lachmann MD FRCP

Tel: 020 7433 2804 Email: h.lachmann@ucl.ac.uk
Dr AD Wechalekar MD FRCP FRCPath
Tel: 020 7433 2758 Email: a.wechalekar@ucl.ac.uk

Dr CJ Whelan MD MRCP

Tel: 020 7433 2875 Email: c.whelan@ucl.ac.uk

General Enquiries Clinical Secretaries Pathology Coordinator Tel: 020 7433 2725 Tel: 020 7433 2811/2798/2772 Tel: 020 7433 2753 ++44 (0)20 7433 2817

Full dose Cyclophosphamide-Bortezomib-Dexamethasone protocol (21 day cycle)

This protocol is for patients with Mayo Stage I and selected stage II

Please see intermediate dose protocol for stage II/Early stage III patients and low dose protocol for Advanced stage III

	Day 1	Day 4	Day 8	Day 11	Day 15
Bortezomib 1.3mg/m ² sc	*	*	*	*	
Cyclophosphamide 350mg/m² PO (max 500mg) b	*		*		*
Dexamethasone 20mg PO/IV ^c	*	*	*	*	

^aUse bortezomib IV if there is marked abdominal wall oedema due to uncertain absorption from oedematous sites

The cycle is repeated every 21 days

- All patients will receive a minimum of three cycles of CVD in the absence of unacceptable toxicity or poor tolerability.
- Response should be assessed at the end of each cycle:
 - Patients who achieve a complete response or VGPR will continue for one more cycle after achieving response (e.g. if patient has achieved CR or VGPR at cycle 1 or 2, they will finish three cycles and stop. If they achieve CR or plateau after cycle 3, they will receive one more cycle after achieving CR or plateau).
 - Patients with ongoing reduction in dFLC should continue until they achieve VGPR or complete response or to a maximum of 8 cycles.
 - Patients who have not responded to treatment by end of cycle 2 will need regime modification after discussion with the NAC or as per local practice.

Prophylactic Medicines

All patients should receive prophylaxis as per local guidance or as suggested below:

- a. Oral acyclovir 400 mg twice daily with dose modified according to renal function or appropriate alternative. Acyclovir should be continued for three months after the last dose of bortezomib.
- b. Oral Lansoprazole 15 mg once daily or Omeprazole 20mg once daily or appropriate alternative
- c. Oral Co-trimoxazole 480 mg twice daily given three times weekly (unless contraindicated).

National Amyloidosis Centre, UCL Division of Medicine, Royal Free London, Rowland Hill Street, London NW3 2PF. UK www.ucl.ac.uk/amyloidosis



^b Dose modify in renal failure (if eGFR <30 ml/min, reduce to 250 mg/m² or as per local guidelines)

^c Dexamethasone should be given as 20 mg on day 1 of cycle 1 and depending on tolerance should be increased to 20 mg on days 1,2, 4,5,8,9,11,12 (or 40 mg on Day 1, 4, 8, 11)

Prophylaxis to be continued for the duration of chemotherapy.					
Antiemetics should be administered as per local protocols.					